

Case Number:

STATE OF NEVADA
DEPARTMENT OF WILDLIFE
1100 Valley Road, Reno, Nevada 89512



BOATING ACCIDENT REPORT

The operator of a vessel involved in an accident is required to file a report in writing whenever an accident results in loss of life, loss of consciousness, medical treatment beyond first aid, or property damage in excess of \$2,000. Reports in death and injury cases must be submitted within 48 hours; reports in other cases are required within 10 days. All reports shall be submitted to the Nevada Department of Wildlife, 1100 Valley Road, Reno, Nevada 89512, and shall include a full description of the collision, accident or other casualty. **Insurers and persons who repair damaged vessels must provide written notice of the requirement for filing boating accidents reports, and shall transmit a copy of each notice to the Department of Wildlife. (NRS 488.440 and 488.445) YELLOW FIELDS REQUIRED.**

COMPLETE ALL BLOCKS (Indicate Those Not Applicable w by "NA")

NAME AND ADDRESS OF OPERATOR:		OPERATOR'S D.O.B.:		OPERATOR'S EXPERIENCE:	
		OWNER TELEPHONE NO.:		This type of boat: Other boat operating experience:	
				<input type="checkbox"/> Under 20 Hours <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> Over 500 Hours <input type="checkbox"/> Over 500 Hours	
OPERATOR TELEPHONE NUMBER:		RENTED BOAT:		OPERATOR'S SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		FORMAL INSTRUCTION IN BOATING SAFETY:	
NAME AND ADDRESS OF OWNER		NO. OF PERSONS ON BOARD		<input type="checkbox"/> None <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> State <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Indicate)	

VESSEL NO. 1 (This Vessel)

BOAT REG. NO.:	BOAT NAME:	BOAT MFG.:	BOAT MODEL:	MFG. HULL IDENTIFICATION NO.:
TYPE OF BOAT:	HULL MATERIAL:	ENGINE:	BOAT INFO.:	TYPE OF PROPULSION:
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard-Gasoline <input type="checkbox"/> Inboard-Diesel <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	Length of Boat Year Boat Built	<input type="checkbox"/> Prop <input type="checkbox"/> Jet <input type="checkbox"/> Sail <input type="checkbox"/> Manual <input type="checkbox"/> Other No. of Engines Horsepower (Total) Type of Fuel
				Has Boat had a Vessel Safety Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No USCG Auxiliary <input type="checkbox"/> State or Local <input type="checkbox"/> For Current Year <input type="checkbox"/> Yes <input type="checkbox"/> No
				INSURANCE COMPANY:

ACCIDENT DATA

DATE OF ACCIDENT:	TIME:	BODY OF WATER:	BODY OF WATER:	LOCATION (Give location precisely):	Latitude
	<input type="checkbox"/> AM <input type="checkbox"/> PM				Longitude
STATE:	NEAREST CITY OR TOWN:			COUNTY:	

WEATHER:	WATER CONDITIONS:	TEMPERATURE:	WIND:	VISIBILITY:
<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	<input type="checkbox"/> Calm (Waives Less Than 6") <input type="checkbox"/> Choppy (Waives 6"-2') <input type="checkbox"/> Rough (Waives Over 2'-6') <input type="checkbox"/> Very Rough (Waives Greater Than 6')	(Estimate) Air Water	<input type="checkbox"/> None <input type="checkbox"/> Strong (Over 25 mph) <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph)	Day Night Good Fair Poor
	<input type="checkbox"/> Strong Current			

OPERATION AT TIME OF ACCIDENT:	TYPE OF ACCIDENT:	WHAT IN YOUR OPINION CAUSED THE ACCIDENT:
(Check All Applicable)		(Check all Applicable)
<input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Drifting	<input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Swimming <input type="checkbox"/> Scuba/Swim <input type="checkbox"/> Other	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire of Explosion (Other Than Fuel) <input type="checkbox"/> Collision With Vessel <input type="checkbox"/> Collision With Fixed Obj. <input type="checkbox"/> Collision With Floating Obj. <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Weather <input type="checkbox"/> Excess Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Restrictive Vision <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use	<input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other	

LIFE JACKETS

WAS THE BOAT ADEQUATELY EQUIPPED WITH CG APPROVED LIFE JACKETS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the Vessel Carrying Non-approved Flotation Devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where life jackets accessible	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where life jackets accessible	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where life jackets used	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where life jackets used	Yes <input type="checkbox"/> No <input type="checkbox"/>

FIRE EXTINGUISHERS

WERE THE FIRE EXTINGUISHERS USED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF USED LIST TYPE AND HOW MANY USED.	

PROPERTY DAMAGE (Estimate)	DESCRIBE PROPERTY DAMAGE	NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY
This Boat \$		
Other Boat \$		
Other Property \$		

COMPLETE BOTH SIDES (OVER)

(If more than three fatalities and/or injuries, attach additional forms)

DECEASED						
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:	
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:	
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:	
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:	
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:	
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:	

		INJURED			
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:
NAME.:	ADDRESS:	DATE OF BIRTH	WAS VICTIM:	DEATH CAUSED BY:	WAS LIFE JACKET USED:
			<input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No What Type:

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (Sequence of events. If diagram is needed, attach separately. Continue on additional sheets, if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident)

--

VESSEL NO.2 (If more Than Two Vessels, Attach Additional Form(s))

NAME OF OPERATOR:	OPERATOR ADDRESS:	BOAT REG. NO.:
OPERATOR PHONE NO.:		BOAT LEGNTH:
	OWNER ADDRESS:	
NAME OF OWNER:		MFG.HULL ID NO.:

OCCUPANTS/WITNESSES

NAME:	ADDRESS:	PHONE NO.:
NAME:	ADDRESS:	PHONE NO.:
NAME:	ADDRESS:	PHONE NO.:

PERSON COMPLETING REPORT

NAME: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	OWNER ADDRESS: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	DATE SUBMITTED: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
QUALIFICATION (Check One): <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other	TELEPHONE NO: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

DO NOT USE FOR REPORTING AUTHORITY REVIEW (Use Agency Date Stamp)

CAUSE BASED ON <i>(Check One)</i> : <input type="checkbox"/> This Report <input type="checkbox"/> This Report and Investigation <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		FOR EACH OPERATOR AND EACH PASSENGER: Indicate whether or not test for alcohol was taken – Yes or No Indicate TYPE of test – Blood, Breath or Other Indicate Test Results – Positive or Negative Indicate Blood Alcohol Content																																	
PRIMARY CAUSE OF ACCIDENT:		<table border="1"> <thead> <tr> <th></th> <th>Test</th> <th>Type</th> <th>Results</th> <th>BAC%</th> </tr> </thead> <tbody> <tr> <td>Operator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Passenger</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Passenger</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Passenger</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Passenger</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Test	Type	Results	BAC%	Operator					Passenger					Passenger					Passenger					Passenger				
	Test	Type	Results	BAC%																															
Operator																																			
Passenger																																			
Passenger																																			
Passenger																																			
Passenger																																			
SECONDARY CAUSE OF ACCIDENT:																																			
NAME OF REVIEWING OFFICER:	DATE RECEIVED:																																		

REVIEWED BY: